



BRAD LITTLE – Governor
DAVE JEPPESEN – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

ALEXANDRA FERNÁNDEZ – Bureau Chief, Long Term Care
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 287-1179
FAX: (208) 332-7283

<Date>

<Name>

<Address>

<City, State, Zip>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-814-8568 (TTY: 1-208-332-7205).

Idaho Medicaid Plus Selection Notice

Dear <name>:

In an effort to improve Medicaid benefits for people with both Medicare and Medicaid coverage, Idaho Medicaid offers two program options to better serve Dual Eligible Beneficiaries.

Option #1: If you would like your Medicare plan to match your Medicaid plan, we encourage you to consider enrolling in the **Medicare Medicaid Coordinated Plan (MMCP)** available through Blue Cross of Idaho. The MMCP is a program that integrates **both** your Medicare *and* Medicaid into a **single plan** and there is no cost to you. Please call Blue Cross of Idaho if you would like this simplified coverage at (888)495-2583 or visit their website at www.idahotruebluesnp.com.

Option #2: If you choose not to enroll in the MMCP, you will be passively enrolled with Blue Cross of Idaho that will administer your Medicaid benefits under the **Idaho Medicaid Plus** program. Under Idaho Medicaid Plus, your Medicaid benefits (including behavioral health services, nursing facility care and Aged and Disabled Waiver home and community-based services) will be administered by Blue Cross of Idaho. **Your Medicare coverage will not change.**

You will receive a welcome packet from Blue Cross of Idaho that will include your new identification card, information about the plan and their contact information.

You can opt out of enrolling in Idaho Medicaid Plus and continue to receive your Medicaid benefits as they are today. If you select this option, you must notify Idaho Medicaid. **If you do not notify Idaho Medicaid you will be enrolled in the Idaho Medicaid Plus program with Blue Cross of Idaho.**

There are two ways you can notify us:

1. Complete the enclosed enrollment form and mail it in the envelope provided, or
2. Call us toll free at (833) 814-8568 and we will be happy to help you.

Coverage with Blue Cross of Idaho will start on **4/1/2020** if you do not choose to opt out of the program. You can choose to opt-out of Idaho Medicaid Plus at any time. The effective date will be the first day of the upcoming month.

For additional information on Idaho Medicaid Plus or the MMCP, visit our website at mmcp.dhw.idaho.gov or call us toll free at (833) 814-8568.

Idaho Medicaid Plus Opt-Out Form

If you would like to be enrolled into Idaho Medicaid Plus you **DO NOT need to complete this form.**
If you would like to opt out of the **Idaho Medicaid Plus Plan**, please complete the information below.

Participant Name	Medicaid ID Number	Birth Date
<MMIS populates>	<MMIS Populates>	

I would like my Medicaid benefits to continue to be administered by Idaho Medicaid by opting out of the Idaho Medicaid Plus Plan: ☐

If you **Do Not choose to Opt-Out**, you will be enrolled in **Idaho Medicaid Plus** with Blue Cross of Idaho.

Are you pregnant? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, Due Date:
Are you a Tribal Member? YES <input type="checkbox"/> NO <input type="checkbox"/>	

If you would prefer to have your Medicare and Medicaid in a single coordinated plan, please contact Blue Cross of Idaho for more information about the Medicare Medicaid Coordinated Plan (MMCP):

Blue Cross of Idaho
(888) 495.2583
www.idahotruebluesnp.com

Person Completing this Form (Participant or Authorized Individual): Please print clearly

Name:		
Address:		
City:	State:	Zip:
Phone Number:	E-Mail Address:	

I understand I am opting out of the Idaho Medicaid Plus program.

Signature: _____ Date: _____

Please return the completed form in the enclosed envelope or mail to:

Idaho Medicaid
c/o DXC Technology
PO Box 70081
Boise, ID 83707-9985

Idaho Medicaid Plus Contact Information

Phone: (833)814-8568 | Fax: (208) 332-7283 | E-Mail: IdahoDuals@dhw.idaho.gov